

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **403095**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		1		
6		0		1		
7		0		1		
8	1	0	1			
9		1		1		
10		1		1		
11		2		2		
12		0		1		
13		0		1		
14		0		1		
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TOTAL IND.			2			
TOTAL DEP.			16			
TOTAL CLAIMS			18			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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BEST AVAILABLE